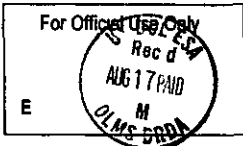


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9051</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Daniel</u> <u>McGuire</u> P O Box Bldg Room No if any <u> </u> Street <u>500 Peconic St #63A</u> City <u>Ronkonkoma</u> State <u>New York</u> ZIP Code + 4 <u>11779</u>	4 Name file number and address of labor organization Name <u>Enterprise Assn of Steamfitters Local 638</u> Labor Organization File Number <u>035-070</u> P O Box Building and Room Number if any <u> </u> Street <u>32-32 48th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>Steamfitters Industry Welfare Fund</u> Trade Name if any <u> </u> P O Box Bldg Room No if any <u> </u> Street <u>5 Penn Plaza 19th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001 1887</u>	7 a Nature of Interest, Transaction or Income <u>Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee</u> 7 b Amount <u>\$1 310</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u><i>Daniel F McGuire</i></u>	On <u> </u> Date	<u>(718) 392 3420</u> Telephone Number

Name of Person Filing Daniel McGuire	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Mechanical Contractors Assoc of NY Inc Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 44 West 28th St City New York State New York ZIP Code + 4 10001	14 a Nature of payment. Attended precontract negotiating meetings in November and December 2004 The cost of the meeting room rental was \$206 This expense was reimbursed to the MCA of NY by my employer the Enterprise Assoc of Steamfitters local 638
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input type="text"/> \$206

Name of Person Filing Daniel McGuire	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text" value="Steamfitting Industry Promotion Fund"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="44 West 28th St"/> City <input style="width: 80%;" type="text" value="New York"/> State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10001"/>	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Attended the Steamfitting Industry Promotion Fund golf outing The value was \$415 The amount was reimbursed to the Steamfitting Industry Promotion Fund by my employer the Enterprise Assn of Steamfitters Local 638 </div>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">\$415</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing Daniel McGuire

File Number U

Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Attended apprentice graduation ceremony and dinner
The cost was \$118 The expense was reimbursed by
my employer the Enterprise Assn of Steamfitters
Local 638

7 b Amount

\$118

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount